

**COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE**

**INTERNATIONAL INSURER/REINSURER APPLICATION FOR
RENEWAL OF THE CERTIFICATE OF AUTHORIZATION**

GENERAL INSTRUCTIONS

In accordance with Article 61.230(2) of the Insurance Code of Puerto Rico and Article 12 of Rule LXXX, which governs the Operations of International Insurers and/or Reinsurers, all licensed international insurers/reinsurers shall renew its Certificate of Authority annually, on or before **June 30th**, immediately following the date of issue or renewal. Payment of corresponding charges must be in the form of money order or a certified check, payable to the Secretary of the Treasury of Puerto Rico. In addition, and pursuant to the governing laws and regulations of the Insurance Code of Puerto Rico, the Commissioner has the discretion and powers to refuse to renew, revoke or suspend the authorization of an International Insurer/Reinsurer. The Commissioner of Insurance may also impose fines and/or penalties, and refuse to further renew, revoke or suspend the certificate of authorization of an International Insurer/Reinsurer, if it is not renewed by June 30th.

This form must be filled out in its entirety and when submitted, it should have attached, all material requested, together with the corresponding payment. A response to each item(s) is necessary in order for your application to be considered complete. If any question(s) is inapplicable to your particular situation, please clearly indicate so by marking "N/A" in the space provided. Fields marked with an (*) are required fields.

If the applicant is not organized under the laws of a state of the United States of America, every document submitted shall be authenticated by a United States Consul or certified with the Apostille of the Hague Convention of October 5, 1961.

Renewal Forwarding Postal Address for the Office of the Commissioner of Insurance of Puerto Rico: B5 Tabonuco Street, Suite 216, PMB 256, Guaynabo, Puerto Rico 00968-3029.

PLEASE TYPE ALL INFORMATION

SECTION A: GENERAL INFORMATION

We submit the following information in compliance with the laws and regulations of Chapter 61 of the Insurance Code of Puerto Rico, in order to obtain the renewal of our certificate of authority to transact insurance business as an international insurer/reinsurer for the year _____.

1. Name, address and additional contact information for of the International Insurer/Reinsurer entity: *

Name: _____

Postal Address: _____ Headquarters Address: _____

Telephone: _____ Fax: _____

Email: _____

2. Corporate Id Number (FEIN Number):* _____

3. NAIC Group Number (if applicable): _____

4. Name, address and additional contact information for the authorized Principal Representative: *

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

5. Name, address and additional contact information for the individual(s) to be contacted regarding this application.*

Name(s): _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

6. Indicate type of authorization being renewed (please check):

___ Class 1 ___ Class 2 ___ Class 3
___ Class 4 ___ Class 5

7. Please provide any information of any business other than insurance business that the International Insurer/Reinsurer proposes to carry: (Please use a separate sheet, if necessary.)*

SECTION: FEES

Pursuant to Article 61.050(10) Rico and Article 12 of Rule LXXX of the Insurance Code of Puerto, the International Insurer/Reinsurer will pay, on the date of each renewal, on or before **June 30th**, an annual contribution pursuant to the ranges of written premium and/or assumed premium set forth as follows:

<u>PREMIUMS WRITTEN/ASSUMED</u>	<u>AMOUNT TO BE PAID</u>
1. No more than \$25,000,000	\$5,000.00
2. More than \$25,000,000 but less than \$50,000,000	\$10,000.00
3. More than \$50,000,000 but less than \$75,000,000	\$20,000.00
4. More than \$75,000,000 but less than \$100,000,000	\$35,000.00
5. More than \$100,000,000 but less than \$150,000,000	\$50,000.00
6. More than \$150,000,000 but less than \$250,000,000	\$65,000.00
7. More than \$250,000,000	\$75,000.00

Please indicate check number and amount of annual contribution paid: *

Check Number: _____ Amount: _____

SECTION D: CERTIFICATION

I certify that the information given in this application is true and correct and that all estimates given are true estimates based upon the facts that have been carefully considered and assessed. Furthermore, I affirm that pursuant to Article 61.050(9), the applicant shall notify the Commissioner of Insurance in an expedited manner and in writing, of any change in the information submitted as part of this application within ten (10) days of said change.

If applicant is a Protected Cell International Insurer, I further acknowledge that all financial records of the Protected Cell Company, including records pertaining to protected cells, shall be available for inspection or examination by the Commissioner or the Commissioner's designee.

Name: _____ Date: _____

Signature: _____
(DIRECTOR)

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Affidavit No. _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20__

NOTARY PUBLIC